

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10	/					
11		/				
12		/				
13		/				
14		/				
15		/				
16		/				
17		/				
18		/				
19		/				
20	/					
21		/				
22		/				
23	/					
24		/				
25	/					
26		/				
27		/				
28		/				
29		2				
30		2				
31		2				
32		2				
33		2				
34	/					
35		/				
36	/					
37	/					
38		/				
39		/				
40		/				
41	/					
42		/				
43		/				
44		/				
45	/					
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.	10					
TOTAL DEP.	45					
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52	/	/				
53	/	/				
54	/	/				
55		/				
56		/				
57	/	/				
58		/				
59		/				
60		/				
61		/				
62	/	/				
63	/	/				
64		/				
65		/				
66	/	/				
67	/	/				
68		/				
69	/	/				
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	6		16			
TOTAL DEP.	13		58			
TOTAL CLAIMS			74			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS